ATTACHMENT 12 CONTRACTOR AUTHORIZED RESELLER INFORMATION SHEET

(for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION	
Company Name:	Coastal Fire Systems, Inc.
Address (from first page of bid):	16 South Ketcham Avenue, Amityville, NY 11701
Company Website:	www.coastalfiresystems.com
Federal ID #:	20-3010573
NYS Vendor ID #:	1100017248
Contract Administrator Name:	Elizabeth Gandolfo
Title:	President
Email:	<u>Liz@coastalfiresystems.com</u>
Phone:	631-661-7515
Toll Free Phone:	844-722-2295

SALES/BILLING (if different from above)	
Contact Name:	
Title:	
Address:	
Email:	
Phone:	
Toll Free Phone:	

EMERGENCIES	
Contact Name:	Fred Gandolfo
Title:	Administrator
Address:	16 South Ketcham Ave, Amityville, NY 11701
Email:	Fred@coastalfiresystems.com
Phone:	631-661-7515
Cell Phone:	516-732-5691

AUTHORIZED RESELLER INFORMATION	
Company Name:	SDOVSB Materials & Tech Supply LLC
Address:	134 Gratten Street Suite 3L, Brooklyn, NY 11001
Federal ID #:	82-2895228
NYS Vendor ID #:	1100196751
Contact Name:	Harrison Kendall
Title:	Manager
Email:	Harrisonjameskendall@gmail.com
Hours of Availability:	M-F 8:00 – 4:00 PM
Phone:	917-216-9400
MWBE and/or SDVOB Certification:	☐ NYS Certified Women Owned ☐ NYS Certified Minority
	Owned ⊠ SDVOB
SBE:	□NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	☐ Take Orders AND Receive Payment * ☐ Ship Direct
Restrictions Applicable to this Reseller (if any):	No 3M Scott Products

^{*}In order for an Authorized User to obtain credit for Reseller(s) being MWBE, Reseller(s) MUST be allowed to "Take Orders AND Receive Payment" and be entered into SFS with their own NYS Vendor ID #.

AUTHORIZED RESELLER INFORMATION	
Company Name:	Danlee Medical Supplies
Address:	6075 East Molloy Road, Rodex Park Bld 5 Syracuse
	NY 13211
Federal ID #:	16-1461748
NYS Vendor ID #:	1100009748
Contact Name:	Christine Staniec
Title:	Manager
Email:	christine@danleemedical.com
Hours of Availability:	M-F 9:00am – 4:00PM
Phone:	800-433-7797
MWBE and/or SDVOB Certification:	⋈ NYS Certified Women Owned □ NYS Certified
	Minority Owned □ SDVOB
SBE:	□NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	☐ Take Orders AND Receive Payment * ☐ Ship Direct
Restrictions Applicable to this Reseller (if any):	No 3M Scott Product

AUTHORIZED RESELLER INFORMATION	
Company Name:	Con-Med Enterprises
Address:	121 Jersey Avenue, New Brunswick, NJ 08901
Federal ID #:	22-3168342
NYS Vendor ID #:	1100013345
Contact Name:	Larry Bitacolo
Title:	Manager
Email:	larry.bitacolo@cenmed.com
Hours of Availability:	M-F 9:00am – 4:30 PM
Phone:	732-447-1116
MWBE and/or SDVOB Certification:	☒ NYS Certified Women Owned ☒ NYS Certified
	Minority Owned □ SDVOB
SBE:	□NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	☐ Take Orders AND Receive Payment * ☐ Ship Direct
Restrictions Applicable to this Reseller (if any):	No 3M Scott Products

^{*}In order for an Authorized User to obtain credit for Reseller(s) being MWBE, Reseller(s) MUST be allowed to "Take Orders AND Receive Payment" and be entered into SFS with their own NYS Vendor ID #.